

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case # 16-076302	
EVENT	Incident Type 3-6-12 Susp. Person/activity				Counts 1	Incident Code None	Offense Jurisdiction COUNTY
	Premise Type CONVENIENCE STORE				Weapon Type U	Forceable N	Stranger To Stranger N
	Date Report 8/6/2016 11:18:50 PM				Incident Start 8/6/2016 11:18:51 PM	Incident End 8/6/2016 11:18:51 PM	Incident Location 1131 N Hairston Rd Stone Mountain GA 30083-
VICTIM	<div style="background-color: black; width: 100%; height: 40px;"></div>				Moniker [REDACTED]	Age 21	Sex F
					Race B	Ethnicity N	
	Home # [REDACTED]				Work # [REDACTED]	Cell # [REDACTED]	Email [REDACTED]
	SSN [REDACTED]	Resident Status RESIDENT	HGT 600	WGT 180	Hair Color BLACK	Hair Style WAVEY	Hair Length MEDIUM
			Eye Color BROWN	CLN # 057414888	State GA		
	Occupation [REDACTED]		Employer [REDACTED]		Address [REDACTED]		
	Employer Phone [REDACTED]						
	Victim Type: Individual <input checked="" type="checkbox"/> Student <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Name of Victim's School _____						
	LEOKA Agency Type _____ LEOKA Assignment Type _____						
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>						
SMTs: _____							
Relationship To Offender: 1) BOYFRIEND OR GI (2) _____ (3) _____ (4) _____ (5) _____							
6) _____ (7) _____ (8) _____ (9) _____ (10) _____							
Offenses Involved: 1) None (2) _____ (3) _____ (4) _____ (5) _____							
6) _____ (7) _____ (8) _____ (9) _____ (10) _____							
OFFENDER	Name: Wright, Leangelo Devon				Moniker: DOB: [REDACTED] -1992	Age: 23	Sex: M
	Address: 431 Sheppard Crook Stone Mountain GA 30083-				Home Phone: [REDACTED]	Work Phone: [REDACTED]	Cell Phone: [REDACTED]
					Email: [REDACTED]		
	SSN [REDACTED]	Resident Status [REDACTED]	HGT 604	WGT 165	Hair Color BLACK	Hair Style AFRO	Hair Length SHORT
			Eye Color BROWN	CLN # 057100574	State GA		
	Occupation [REDACTED]		Employer [REDACTED]		Address [REDACTED]		
	Employer Phone [REDACTED]						
	SMTs: _____						
	Offenses Involved: 1) 3-6-12 Susp. Person/activity (2) None (3) _____ (4) _____						
	5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____						
PROPERTY	WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> SUSPECT ARMED: U WEAPON _____ Used <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>						
	TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
	VEHICLES		CLOTHING		JEWELRY PREC. METALS		TOOLS
	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER
	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00
	TOTAL \$0.00		TOTAL \$0.00		TOTAL \$0.00		TOTAL \$0.00
	GIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>						
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hashish <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown						
	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE _____ <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE						
REPORTING OFFICER Obrien b w		NUMBER 1173		APPROVING OFFICER Stiles h h		NUMBER 1941	

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DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 16-076302
Officer ID/Name: 1175 Obrien b w	Date: 8/6/2016 11:19:49 PM	Approving Officer ID/Name: Date:
Title: INITIAL REPORT		
<p>On 08/06/2016, at approximately 2220 hrs., I responded to 1131 N Harston Rd (Chevron Gas Station) in reference to an armed robbery call (16-076292). Around the same time, we received a call of a suspicious person call from the same location. Comments on the suspicious person call advised that the complainant [REDACTED] was told that her former boyfriend, Leangelo Wright, was at the location.</p> <p>[REDACTED] stated that Mr. Wright was wanted for robbing and assaulting her on an earlier date (16-075031) and has active warrants out for the incident. [REDACTED] also advised that the second suspect from that prior assault was Anthony Johnson. [REDACTED] also advised that she knows Mr. Wright has been involved in numerous robberies and sells narcotics. [REDACTED] also advised that Mr. Wright lived in building 3 or 4 on the bottom rear apartment of the Harston Woods Apts which is next to the Chevron. Ms. Wright is a possible suspect in the armed robbery.</p>		

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